**HMIS Intake Form** Referring Agency:       Date:

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| First Name:      | Middle Name:       | Last Name:       |
| SSN (Last 4 digits):     | Birthday:      |

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| Race (Check all that apply):[ ] American Indian/Alaska Native[ ] Asian[ ] Black/African American[ ] Native Hawaiian/other Pacific Islander[ ] White/CausasionGender:[ ] Male [ ] Transgender Male to Female[ ] Female [ ] Transgender Female to Male |

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| Ethnicity:[ ] Hispanic/Latino[ ] Non-Hispanic/LatinoVeteran: Disabling Condition:[ ]  Yes [ ]  Yes[ ]  No [ ]  No  |

Relationship to Head of Household (Self, spouse, son, etc.):

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| HOMELESS SITUATIONS[ ] Place not meant for habitation[ ] Emergency shelter (or hotel paid for with emergency shelter voucher) Agency Name:     [ ] Safe Haven[ ] Interim HousingLength of stay:     days Approximate date started homelessness:      |
| INSTITUTIONAL SITUATION[ ] Foster care home or foster care group home[ ] Hospital or other residential non-psychiatric medical facility[ ] Jail, prison or juvenile detention facility[ ] Long-term care facility or nursing home[ ] Substance abuse treatment facility or detox centerLength of stay:     days **(if more than 90 days, skip to next page)**On the night before, did you stay on the streets, ES, or SH? Yes [ ]  No [ ]  **(if No, skip to next page)**Approximate date started homelessness:      |
| TRANSITIONAL AND PERMANENT HOUSING SITUATION[ ] Hotel or motel paid for without emergency shelter voucher[ ] Owned by client, no ongoing housing subsidy[ ] Owned by client, with ongoing housing subsidy[ ] Permanent housing for formerly homeless persons (such as: A CoC project; HUD legacy programs; or HOPWA PH)  Agency Name:     [ ] Rental by client, no ongoing housing subsidy[ ] Rental by client, with VASH housing subsidy[ ] Rental by client, with GPD TIP subsidy[ ] Rental by client, with other ongoing housing subsidy[ ] Residential project or halfway house with no homeless criteria[ ] Staying or living with a family member’s room, apartment or house[ ] Staying or living with a friend’s room, apartment or house[ ] Transitional housing for homeless persons (including homeless youth) Agency Name:     Length of stay:     days **(if more than 7 days, skip to next page)**On the night before, did you stay on the streets, ES, or SH? Yes [ ]  No [ ]  **(if No, skip to next page)**Approximate date started homelessness:      |

**LIVING SITUATION** – Residence the night before program admission, and length of stay at that residence.

Number of times the client has been on the streets, in ES, or SH in the past three years, including today:

Total number of months homeless on the streets in ES, or SH in the past three years:      months

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| **HEALTH INSURANCE**Client has active health insurance: Yes [ ]  No [ ]  (If answer is “Yes”, check which one(s) below)[ ] Private[ ] Private – Employer[ ] Private – Individual[ ] Medicare[ ] Medicaid[ ] State Children’s Health Insurance Program S-CHIP[ ] Military Insurance[ ] Other Public[ ] State Funded[ ] Combined Children’s Health Insurance / Medicaid [ ] Program[ ] Indian Health Service (HIS)[ ] Other | **CAUSE OF HOMELESSNESS**Select ONLY one[ ] Divorce/Break-up[ ] Domestic Violence[ ] Evicted from Home[ ] Evicted from Shelter[ ] Family Programs[ ] Foster Care – Aged Out[ ] House Fire[ ] Jail[ ] Lost Employment/Lack of Income[ ] Mental Illness[ ] Personal Health[ ] Prison[ ] Relocation[ ] Stranded[ ] Substance Abuse |

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| **BARRIERS** | Barrier Present | Receiving Services | Condition is Indefinite | Documentation of the Disability and Severity on File |
|  | Yes | No | Yes | No | Yes | No | Yes | No |
| Alcohol Abuse | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Developmental Disability | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Drug Abuse | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| HIV/AIDS | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Mental Health | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Physical Disability | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Chronic Health Condition | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **DOMESTIC VIOLENCE** Domestic Violence Experience [ ] Yes [ ] No | When Experience Occurred[ ] Within the past three months [ ] Three to six months ago[ ] From six to twelve months ago [ ] More than a year ago | Currently Fleeing[ ] Yes[ ] No |
| **MONTHLY CASH INCOME**$      [ ] Earned Income $      [ ] Unemployment Insurance$      [ ] Supplemental Security Income$      [ ] Social Security Disability Income$      [ ] VA Service – Disability Compensation$      [ ] VA Non-Service-Connected Disability$      [ ] Private disability insurance$      [ ] Workers Compensation$      [ ] TANF$      [ ] General Assistance$      [ ] Retirement Income from SS$      [ ] Pension or retirement from former job$      [ ] Child support$      [ ] Alimony$      [ ] Other source | **MONTHLY NON-CASH INCOME**$      [ ] SNAP/Food Stamps$      [ ] Special Supplemental Nutrition Program (WIC)$      [ ] TANF Child Care Services$      [ ] TANF Transportation Services$      [ ] Other TANF-funded Services$      [ ] Section 8, public housing, or other ongoing$      [ ] Temporary Rental Assistance$      [ ] Other Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please list programs you’re currently enrolled in or agencies you’re receiving services from:      |